

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alexander et al.
 Title: HERMETIC WIPE CONTAINER
 Appl. No.: 10/776,017
 Filing Date: 02/10/2004
 Examiner: MOHANDESI, JILA M
 Art Unit: 3728
 Conf. No.: 9075

AMENDMENT TRANSMITTAL

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

| | Claims As Amended | | Previously Paid For | | Extra Claims Present | | Rate | | Additional Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims: | 41 | - | 41 | = | 0 | x | \$52.00 | = | \$0.00 |
| Independent Claims: | 6 | - | 6 | = | 0 | x | \$220.00 | = | \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | | | + | \$390.00 | = | \$0.00 |
| CLAIMS FEE TOTAL | | | | | | | | | = \$0.00 |

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | |
|--|------------|----------|
| [X] Extension for response filed within the first month: | \$130.00 | \$130.00 |
| [] Extension for response filed within the second month: | \$490.00 | \$0.00 |
| [] Extension for response filed within the third month: | \$1,110.00 | \$0.00 |
| [] Extension for response filed within the fourth month: | \$1,730.00 | \$0.00 |
| [] Extension for response filed within the fifth month: | \$2,350.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | \$130.00 |
| [] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$140.00 | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: | | \$130.00 |
| [] Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| Extension Fees Previously Paid: | | \$0.00 |
| TOTAL FEE: | | \$130.00 |

The above-identified fees of \$130.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/10/2008

By /Adam M. Gustafson/

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